

Work Order ID 93192

93192

Page:1

November-15-12 9:19:02 AM

Item ID: 647.1812

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Shim

Start Date: 11/15/12 Start Qty: 40.00

40

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 40.00

40

Customer:

Reference:

Approvals: Process Plan: MLJ Date: 12-11-12 Tooling: _____ Date: _____

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start *NR1*

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
647.1800	N/C

110

0.00

110

Waterjet

Memo

0.00

FLOW CNC Waterjet

1-Cut as per Dwg

Dwg Rev: MC

Prog Rev: MC

2071.063

2-Deburr if necessary

120

QC2- Inspect parts off machine FAI/FAIB

0.00

120

QC

Memo

0.00

Quality Control

⑤

B12-11-19

⑤

B12-11-19

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action - Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

Work Order ID 93192

93192

Page 2

November-15-12 9:19:02 AM

Item ID: 647.1812 Accept *N900040100* Setup Start *NS1*
 Revision ID: Stop *NS2*
 Item Name: Shim
 Start Date: 11/15/12 Start Qty: 40.00 *40* Cust Item ID:
 Required Date: 12/07/12 Req'd Qty: 40.00 *40* Customer:
 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start *NR1*
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130	QC8- Inspect parts - second check	0.00							
130									
QC	Memo	0.00							
Quality Control									
140	Outsource process-Anodize per QSI017 4.1.10.1	0.00							
140									
Outsource4	Memo	0.00							
Outsource process - Anodize	ISSUE P/O: 18583 HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 2)								
150	Receive & Inspect for Damage & Mat'l Certs	0.00							
150									
Packaging	Memo	0.00							
Packaging									

SG
CWA

pl 12-5-12

10/31/12 (50)

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

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Page 3

November-15-12 9:19:02 AM

Item ID: 647.1812 Accept *N900040100* Setup Start *NS1*
 Revision ID: Stop *NS2*
 Item Name: Shim
 Start Date: 11/15/12 Start Qty: 40.00 *40* Cust Item ID:
 Required Date: 12/07/12 Req'd Qty: 40.00 *40* Customer:

Reference: Run Start *NR1*
 Stop *NR2*
 Approvals: Process Plan: Date: Tooling: Date:
 QC: Date: SPC (Y/N): Date:

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160 *160* QC Quality Control	QC5- Inspect part completeness to step on W/O Memo	0.00 0.00							
170 *170* SprayPaint Spray Painting	Memo PRIME IAW MIL-P-23377J TYPE1 CLASS N AS PER DWG. (SEE NOTE 2) CARDINAL 4860-50 PRIMER BATCH: 124204	0.00 0.00				50	0	0	13-3-22
180 *180* QC Quality Control	QC14- Inspect Spray Paint Memo	0.00 0.00							

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

Work Order ID 93192

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Page 4

November-15-12 9:19:02 AM

Item ID: 647.1812 Accept *N900040100* Setup Start *NS1*
 Revision ID: Stop *NS2*
 Item Name: Shim
 Start Date: 11/15/12 Start Qty: 40.00 *40* Cust Item ID:
 Required Date: 12/07/12 Req'd Qty: 40.00 *40* Customer:
 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start *NR1*
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
190	Identify as per dwg & Stock Location: <u>ST/3K</u>	0.00							
190									
Packaging	Memo	0.00							
Packaging	***IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV***								
200	QC21- Final Inspection - Work Order Release	0.00							
200									
QC	Memo	0.00							
Quality Control									

56X
 SP
 13-4-10
 13/4/10
 MF
 13-4-10

Picklist Print

November-15-12 9:19:01 AM

Page 1

Work Order ID: 93192

Parent Item: 647.1812

Parent Item Name: Shim

Start Date: 11/15/12

Required Date: 12/07/12

Start Qty: 40.00

Required Qty: 40.00

Comments: IPP REV:A 12.10.03 NEW ISSUE DD VERF:JFS

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M2024T3S.063 2024-T3 .063 sheet		Purchased	No			110	sf	244.4200	0.017	0.715788	1.6	12-11-12	

Location

Loc Qty

Loc Code

MAT022

244.42

119916

0.1

121197

16.32

123654

36

123701

192

123701

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

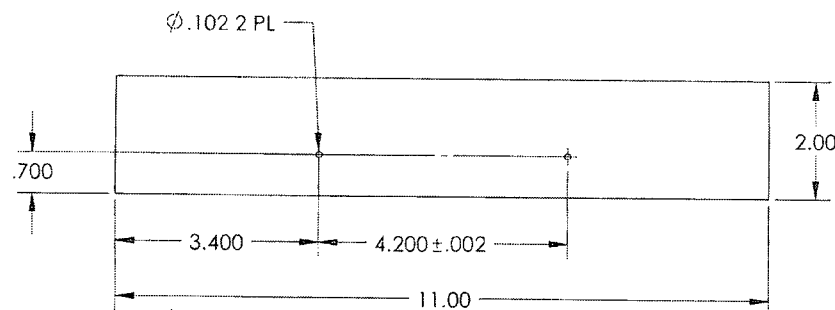
QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY			
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

NOTES:

1. MATERIAL: ALUMINUM 2024-T3 PER AMS-QQ-A-250/4
2. FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III, CLASS 2, COLOR BLACK;
CARDINAL 4860-50 PRETREATMENT PRIMER
PRIME IAW MIL-P-23377J TYPE I CLASS N
3. DEBURR AND BREAK ALL SHARP EDGES
4. IDENTIFY IAW MPP-120



.063

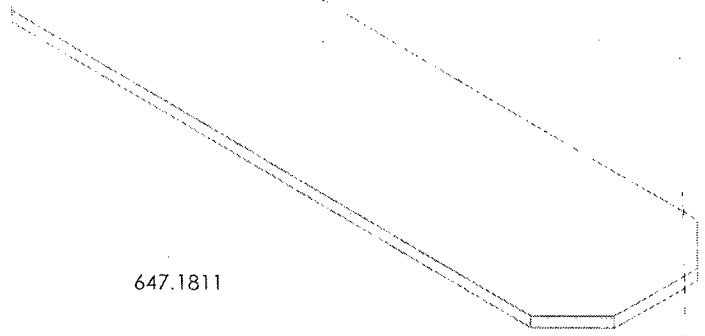
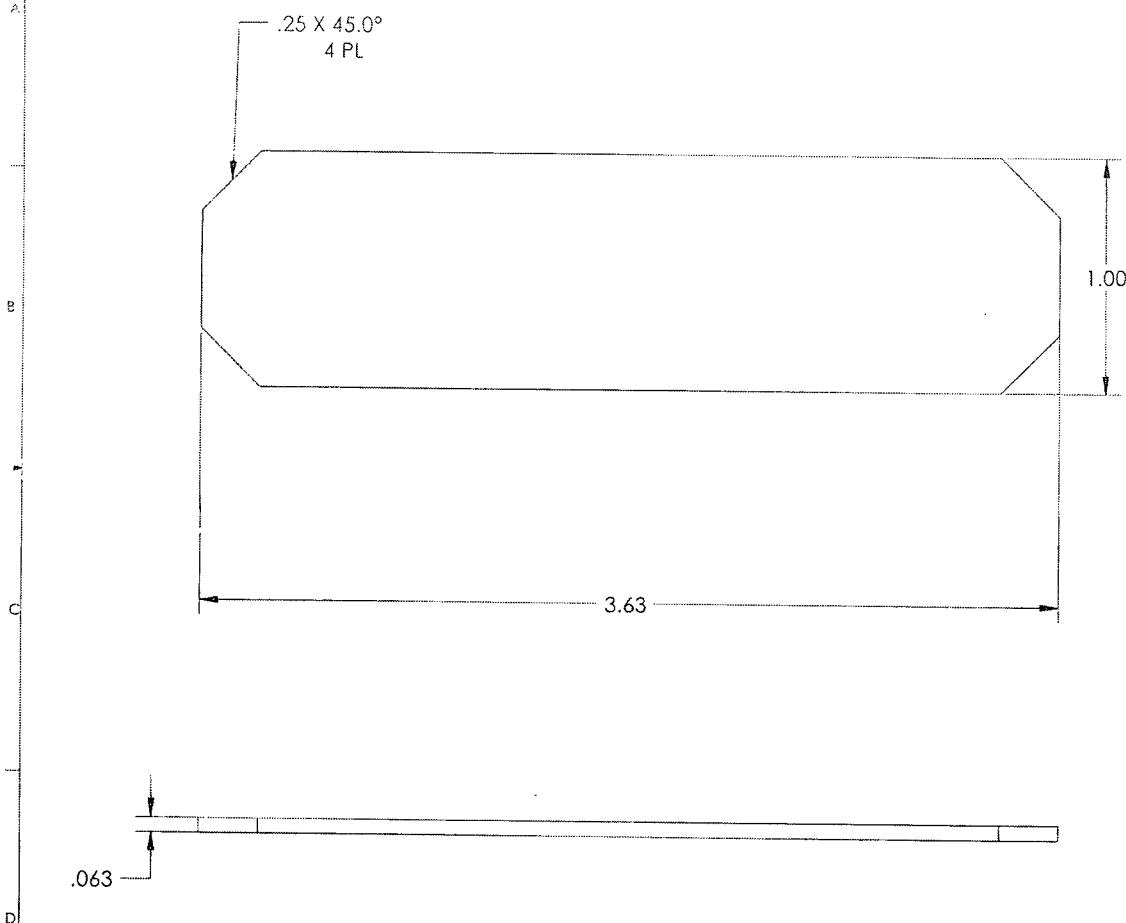
647.1810

SHOP COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER

NO. 93192 MLC
12-11-16

		647.1818	NOSE DOOR SPACER	▲	▲
		647.1817	SUPPORT, RH	▲	▲
		647.1816	SUPPORT, LH	▲	▲
		647.1815	GUSSET, RH	▲	▲
		647.1814	GUSSET, LH	▲	▲
		647.1813	ANGLE	▲	▲
		647.1812	SHIM	▲	▲
		647.1811	SPACER	▲	▲
		647.1810	NOSE DOOR DOUBLER	▲	▲
	FIND #	PART #	DESCRIPTION	MATL	SPEC.
QTY			PARTS LIST		
NEXT ASSY (S)			APICAL INDUSTRIES		
647.1300			2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300		
OFFICIAL DATE DRAWING DATE DESIGNED BY 1/24/2018 P. BRAND DRAWING APPROVAL DATE 01/24/2018 CHECKED BY 93			SHEETMETAL		
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: FRACTIONS DECIMALS 1-31 3 PLACES DECIMALS 1-31 ANGLES 1-31			QTY	SCALE	REV.
			B	07MA26	647.1800
			SCALE NONE		14/C
			SHEET 1 OF 7		

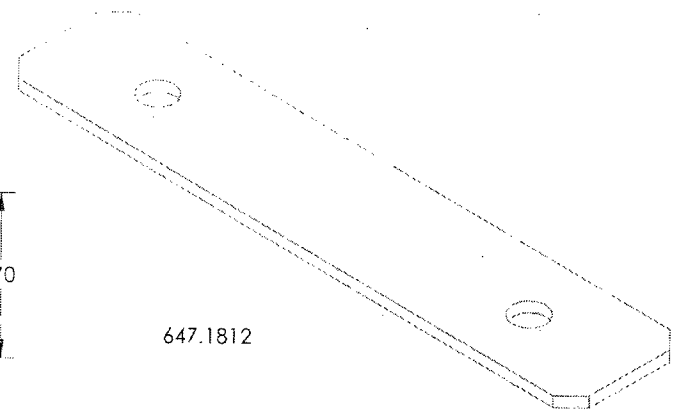
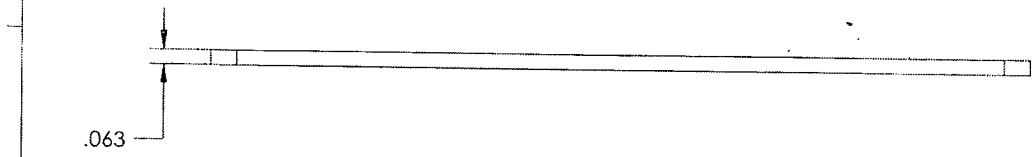
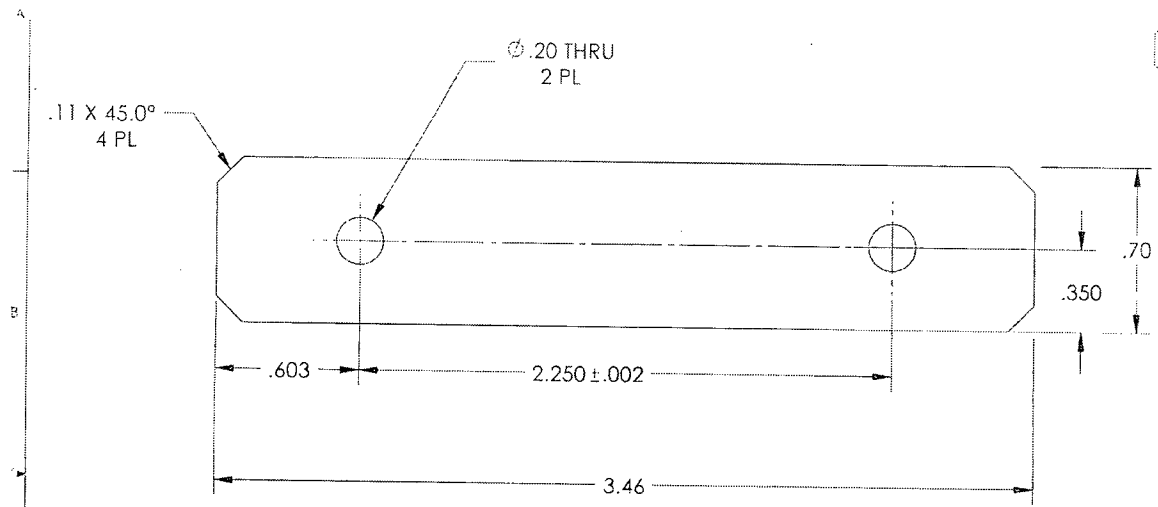
93192



647.1811

ORIGINAL DATE		APICAL INDUSTRIES	
DRAWN BY: J. CAPINER		2608 TEMPLE HEIGHTS DR.	
CHECKED: P. BLAND		OCEANSIDE, CA. 92056-3512 (760) 724-5300	
DRAWING APPROVAL:		SHEETMETAL	
P. BLAND		SIZE: 07M16	
DATE: 07/16/16		QWC: 647.1800	
UNLESS OTHERWISE SPECIFIED		SCALE: NONE	
DIMENSIONS ARE IN INCHES		SHEET 2 OF 7	
TOLERANCES ARE:			
FRACTIONS 1/16"			
DECIMALS .001"			
HOLE DIMENSIONS .001"			
HOLE DIA. .001"			

9319Z

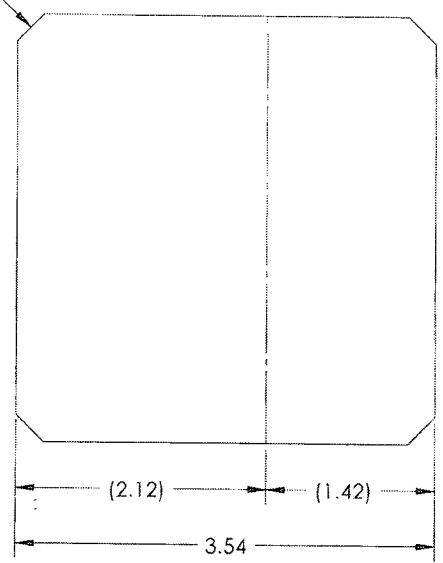


647.1812

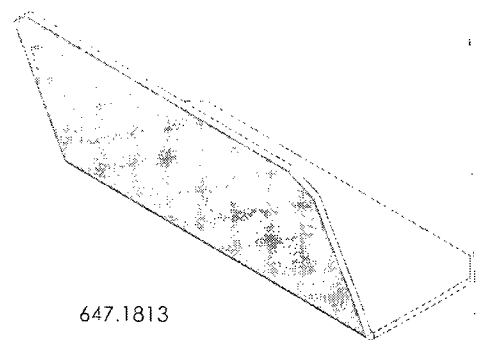
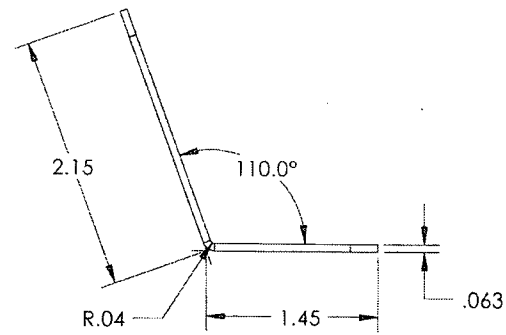
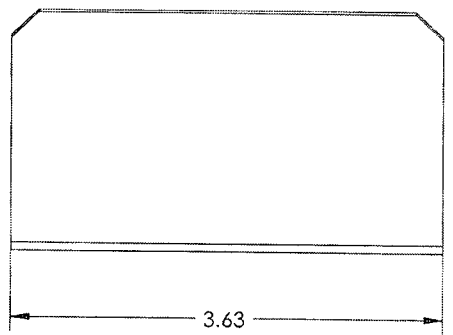
<small> APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760)724-5300 </small>		<small> SHEETMETAL SCALE: NONE </small>	
<small> APICAL INDUSTRIES DESIGNED BY: J. CARPENTER DRAWN BY: J. CARPENTER CHECKED BY: J. CARPENTER DATE: 07/12/16 </small>	<small> SHEET: 3 OF 7 </small>	<small> DWG NO: 647.1800 </small>	<small> REV: N/C </small>

93192

.23 X 45.0°
4 PL



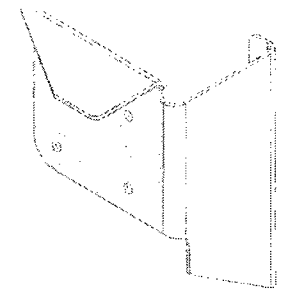
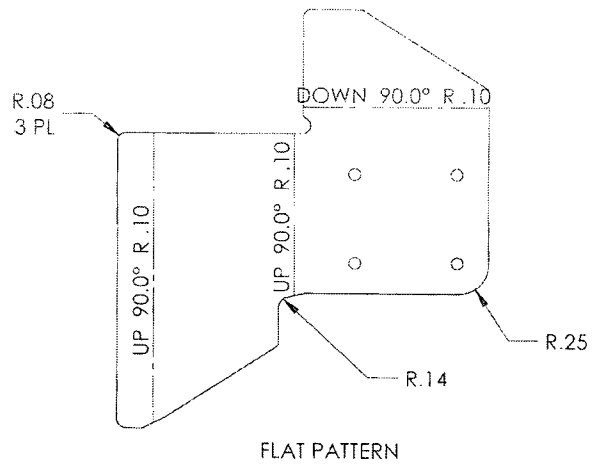
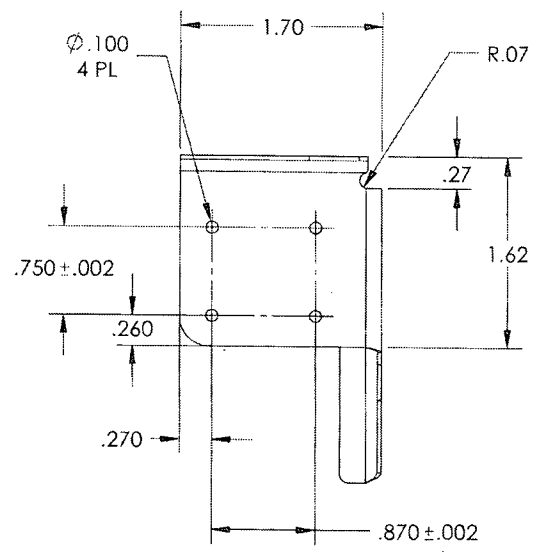
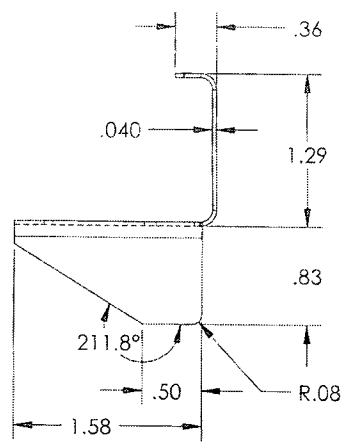
FLAT PATTERN



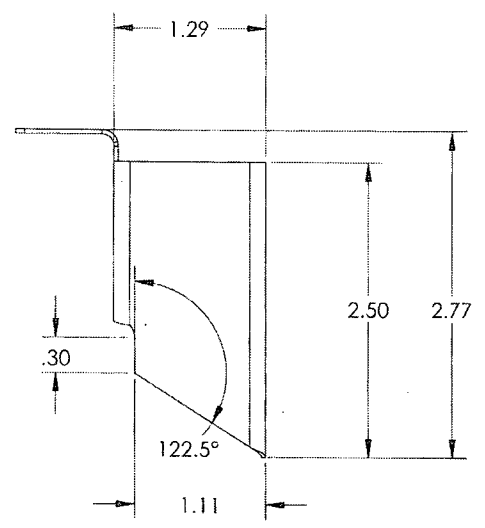
647.1813

ORIGINAL DATE 2008-12-17		66-9168		APICAL INDUSTRIES	
DRAWN BY GARDNER		CHECKED BY P. STAYD		2608 TEMPLE HEIGHTS DR	
DESIGNED BY P. STAYD		APPROVED BY P. STAYD		OCEANSIDE, CA. 92056-3512 (760) 724-5300	
CONTRACT NO.		SHEETMETAL			
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: FRACTIONS DECIMALS INCHES 3 PLACES DECIMALS 1.01 3 PLACES DECIMALS 2.00 3 PLACES DECIMALS 3.00 3 PLACES DECIMALS 4.00 3 PLACES DECIMALS 5.00 3 PLACES DECIMALS 6.00 3 PLACES DECIMALS 7.00 3 PLACES DECIMALS 8.00 3 PLACES DECIMALS 9.00 3 PLACES DECIMALS 10.00 3 PLACES DECIMALS 11.00 3 PLACES DECIMALS 12.00 3 PLACES DECIMALS 13.00 3 PLACES DECIMALS 14.00 3 PLACES DECIMALS 15.00 3 PLACES DECIMALS 16.00 3 PLACES DECIMALS 17.00 3 PLACES DECIMALS 18.00 3 PLACES DECIMALS 19.00 3 PLACES DECIMALS 20.00				REV N/C	
SCALE: NONE		SHEET 4 OF 7		647.1800	

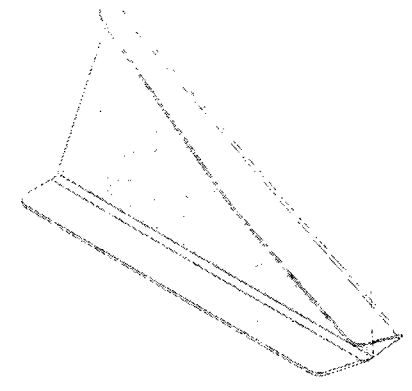
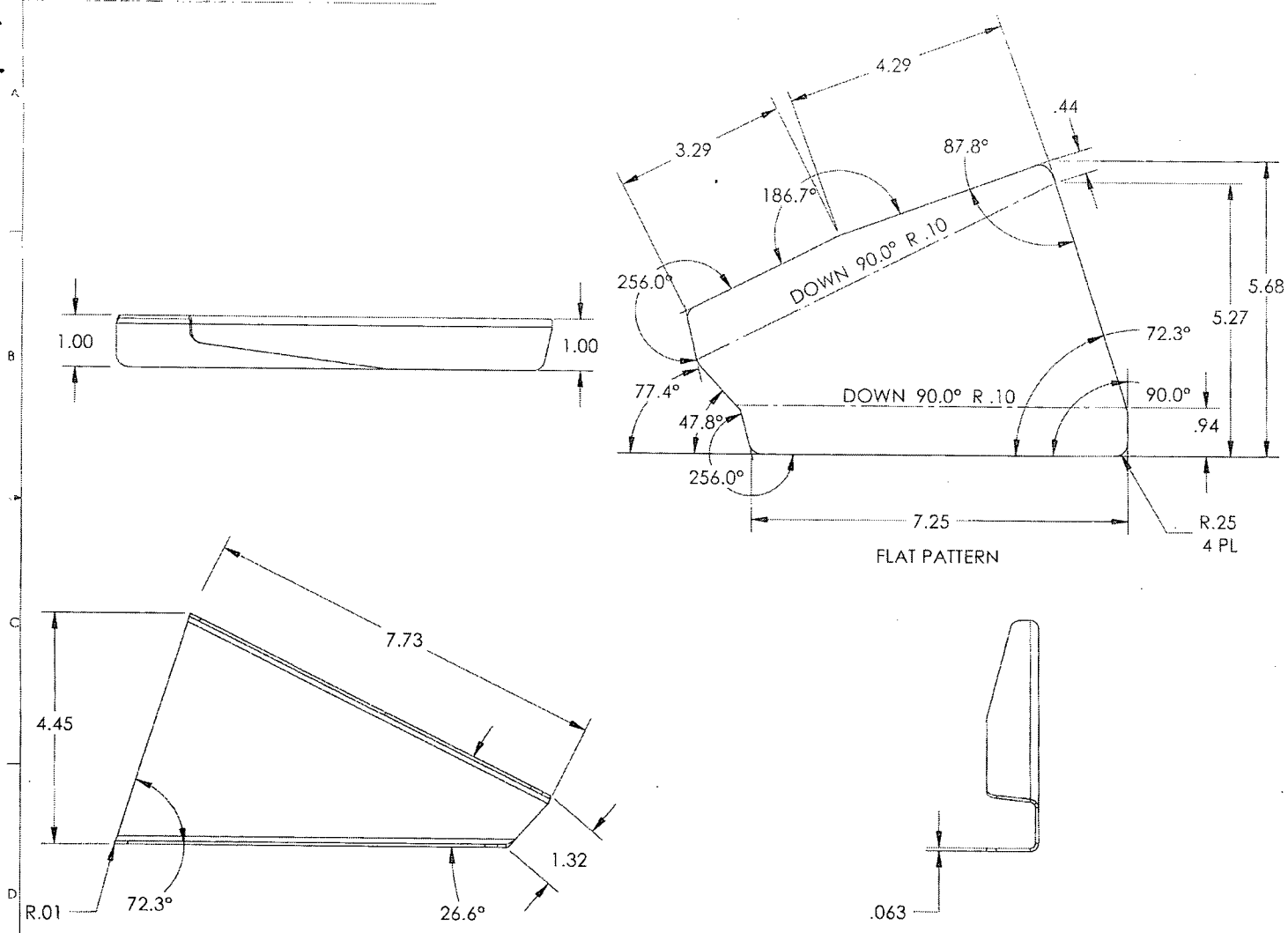
93192



647.1814 SHOWN
647.1815 OPPOSITE



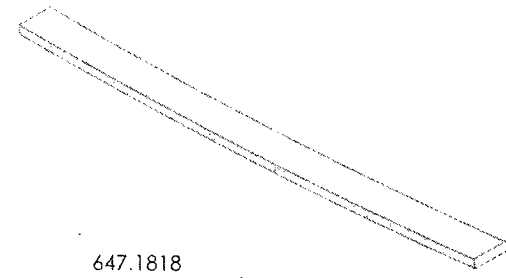
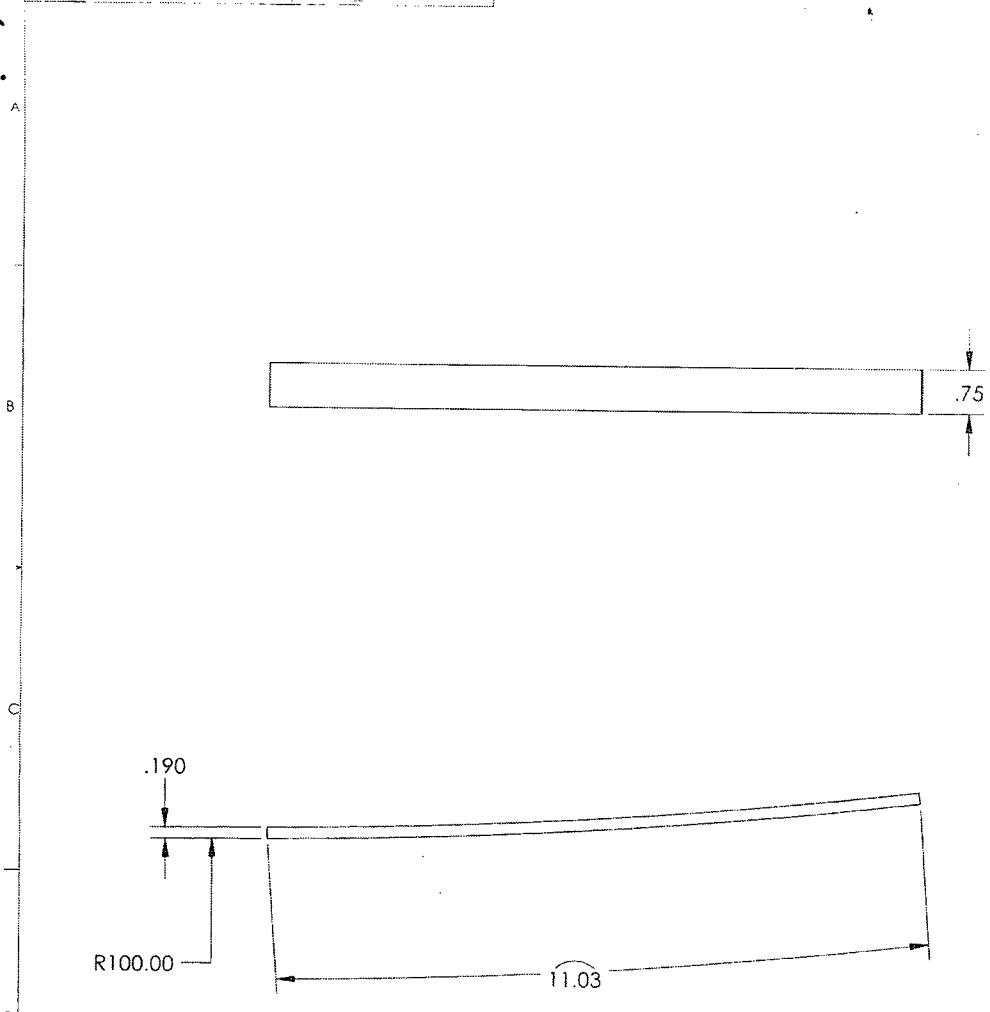
<small> (OPTIONAL LINE SIZE 10) </small>		APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300	
<small> DRAWN BY 10-4-85 </small>	<small> CHECKED BY 10-4-85 </small>	SHEETMETAL	
<small> DRAFTER'S APPROVAL R. BEAVER 10-4-85 </small>		<small> SHEET B </small>	<small> PART NO. 647.1800 </small>
<small> IF NEED OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES DECIMALS ARE .01 FRACTIONS ARE 1/16 UNLESS OTHERWISE SPECIFIED </small>		<small> SCALE: NONE </small>	<small> SHEET 5 OF 7 </small>



647.1816 SHOWN
647.1817 OPPOSITE

FUNCTIONAL DATE: 08-01-09 DRAWN BY: CHECKER 1.000000 P. 000000 DRAWING APPROVAL: P. 000000 SCALE: 1:1 CONTRACT NO.:		APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760) 724-5300	
UNLESS OTHERWISE SPECIFIED: DIMENSIONS ARE IN INCHES DECIMALS ARE TO .01 FRACTIONS ARE TO 1/16 ANGLES ARE TO 1°		SHEETMETAL 647.1800 SCALE: NONE	SHEET 6 OF 7

073192



647.1818

ORIGINAL DATE		APICAL INDUSTRIES	
INCHES/CM	FEET/CM	2608 TEMPLE HEIGHTS DR.	
INCHES/CM	FEET/CM	OCEANSIDE, CA 92056-3512 (760) 724-6300	
INCHES/CM	FEET/CM	SHEETMETAL	
INCHES/CM	FEET/CM	SIZE	647.1800
INCHES/CM	FEET/CM	SCALE: NONE	SHEET 7 OF 7



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62149

Date: 14-Jan-13

To

DART AEROSPACE LTD
1270 ABERDEEN ST
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via	
Quantity	Description	Rev:	
1 lot	Part: ASST		
	24 PCS 647.2510		
	PASSIVATE PER QQ-P-35		
	1 PC 647.1613		
	12 PCS 647.1712		
	3 PCS 647.1810		
	40 PCS 647.1812		
	2 PCS 647.1813		
	1 PC 647.1816		
	20 PCS 646.3312		
	10 PCS 646.3714		
	40 PCS 646.3718		
	20 PCS 646.3811		
	6 PCS 647.7910		
	12 PCS 647.7912		
	6 PCS 647.7916		
	40 PCS 647.9012		
	10 PCS 647.9013		
	19 PCS 647.9016		
	30 PCS 647.9016		
	30 PCS 647.9017		
	60 PCS 647.9017		
	HARD ANODIZE BLACK		
	MIL-A-8625 TYPE III CLASS 2		
	Job: 20130027	PO: PO18583	Line:



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Ship To

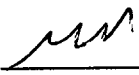
DART AEROSPACE LTD
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HAWKESBURY ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via
Certificate of Conformance	
A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.	
ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY	
DATE : <u>14/1/13</u>	
CERTIFIED SIGNATURE : <u></u>	
RECEIVER SIGNATURE : _____	